Participant must provide all of the information below in English:

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SAN

Participant's contact information, including email address, and that of its counsel,

1.

n dny.					1 10 4000	0.111
Participant's Name:	Cal	deron,	Ana			
Participant's Address:	2673	2nd Ave	S.E. 1	Vaples, F	1. 34	1117
Participant's Email Address:		bc 43				
Name of Counsel:						i .
Address of Counsel:		4		m	الدني	
Email Address of Counsel:					P.	
2. Participant's C	laim number	and the natur	e of Particip	pant's Claim:		
Claim Number:	ERS	17 - BI	7-3566	: - LTS		
Nature of Claim:	Prov	nesa	Title	Щ		
By: Ana. Calole Signature	lerón	3 (%)		:— <u>эм</u> : ў ::	3 T	
Ana Calo Print Name	lerón					
Title (if Participant is 1		dual)				
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SAINT PETERSBURG FL 11 SEP 2021 PM 3

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San Juan, P.R. 00918-1767 (hardon Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Osvaldo Martinez Vasquez	
Participant's Address:	HC01 Box 10434, Lajas, P.R. 00667-9711	
Participant's Email Address:		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	30660	
Nature of Claim:	General Unsecured	
By: Oscul & mall Signature		100
Osvaldo Marti	ner Vasquer	100
Print Name		20
Title (if Participant is	not an individual)	 تا
08/20/2021		Marie I
Date		

HCOI Box 10434 -ajes, P.P. 00667-9711

50 Ave. Carlos Llark's Office t. N. 00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 5 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Edwin Baez Irizarry	() () () () () () () () () () () () () (
Participant's Address:	HC.5 Box 7634 Yanco P.R	00698
Participant's Email Address:	ebaez 8657 agmail.com.	*
Name of Counsel:		
Address of Counsel:		ē
Email Address of Counsel:		<u> </u>
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	31066	
Nature of Claim:	General Unsecured	_8
By: Signature	gaing	CLERK U.S. DISTI SAH SEP 2
Edwin Baes Print Name	Inzarry	
		3
Title (if Participant is 08 /20/ 2 Date		t was b
Date		

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 7 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii aiiy.	
Participant's Name:	Angel L. Cintron Servano
Participant's Address:	5527 Leon Cir Orlando Fl. 32810
Participant's Email Address:	angel Cintrón 1130 Qgmail Com.
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	173422
Nature of Claim:	Promeso
By: <u>Angel L. Cintro</u> Signature	A Serrano
Angel L. Cin Print Name	tran Serrano 8
Title (if Participant is	not an individual)
9 - 15 - 2021 Date	

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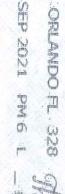
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Angel. L. Cintron Sermono 5527 Leon Cir Orlando. 121 -3 2810

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united states district court's office 150 que carlos chardon ste. 150 SanJuan, p. R. 00918-1767





Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Peter Joel Zambrann Ortiz Upb. Jacaguax C-1 #88 J.Dinz P.Rico 0079 p-zambrana @ yahoo.com
Participant's Address:	Upb. Jacaguax C-1 #88 J. Dinz P. Rico 0079
Participant's Email Address:	p_zambrana@yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Promesa Title III
By: Signature	Ag.
Reten J. Z. Print Name	ambrana Ortiz
Finit Name	
Title (if Participant is	not an individual)
Sept. 7 2	2021
Date	

U.S. DIST REAL COURT

a, Peter J. Zambrana

Discovery Notice to the Court's Clerk's office at: United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767

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NASHVILLE TN 370 (



Desc: SRF 55923

Participant must provide all of the information below in English:

	1.	Participant's of if any:	contact information, including email address, and that of its	counsel,
Partici	pant's N	Vame:	Jose R. Zambrana Gurman	
Partici	pant's A	Address:	A STATE OF THE STA	MAN
Particip	pant's E	mail Address:		
Name o	of Coun	sel:	Peten J. Zambrana Optiz (Son	1)
Addres	s of Co	unsel:	Jacaguax C-1 #88 J. Diáz 0079	75
Email A	Address	of Counsel:	P- Zambrana @yahoo.com	
	2.	Participant's C	Claim number and the nature of Participant's Claim:	
Claim N	Number		17 BK 3283-LTS	
Nature			Promesa Title III	**
By:	Jos	'd' dies	In May 2019	1 plus Treas
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	Sep	t. 7 20	12/	-1
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 12 of 135

U.S. DISTRICT COURT

Itsa, Peter J. Zambrana caguax C) #88 Diar, P.R

Discovery Notice to the Court's Clerk's office at: United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 13 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: NITSA Bonilla García	
Participant's Name: Nitsa Bonilla García C. La CRUZ #26 Int. J.Dinz P.Lico 007	95
Participant's Email Address: Parambrana @ yahoo.com	
Name of Counsel:	-V
Address of Counsel:	en.
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283-LT5	SAN SAN
Nature of Claim: Promesa Title III	- 55
By: Signature Nitsa Bonilla García	3
Print Name	
Title (if Participant is not an individual) Sept. 7 2021	

U.S. DISTRICT COURT
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. Took

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Discovery Notice to the Court's Clerk's office at:
United States District Court, Clerk's Office
150 Ave. Carlos Chardon Ste. 150
San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 15 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	*	
Participant's Name:	Delia Octia Rivera	
Participant's Address:	Urb. Sacaguax C-1#88 J.D.	1AZ P.R. 00795
Participant's Email Address:	P_Zambrana@yahoo.com	
Name of Counsel:	Aster J. Zambrana Ortiz	son)
Address of Counsel:	Jacaguax C-1488 J DiAr O. P-rambrana@yahos.com	0795
Email Address of Counsel:	p_rambrana@yahos.com	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283-LTS	* ₅ s
Nature of Claim:	Promesa Title III	
By: Delia died 1	n January 2019	
Signature		2
Delia O	afia Rivera	
Print Name		F 25元
		S -
Title (if Participant is	not an individual)	Sec. S. Arrago.
Sept. 7 20	u1	
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 16 of 135

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Discovery Notice to the Court's Clerk's office at: United States District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 17 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Glenda Y. Pérez Perez
Participant's Name: Participant's Address: Participant's Email Address: Qlenda Y. Pérez Perez Po Box 334, Purte Stgo, PROD141 glendayam 01@hotmail.com
Participant's Email Address: glendayam 01@hotmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LTS
Nature of Claim: PROMESA THEIL
By: Glerday Pieg Peieg
Signature
Glenda Y. Pérez Perez
Print Name
N/A
Title (if Participant is not an individual)
4 september 2021
Date

RECEIVED AND FILED CASTON U.S. DISTRICT CASTON SAN JUANA

202 SEP-20 PH 4: 37

Glenda Y. Perez Perez Po Box 334 Punta Styon PRODIYI

United States District Court Clerks & 150 Are- Carlos Chardon Ste. 150 San Juan, OR 00918-1767

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	r
	INICC'
Participant's Address: Po Bux 5133 fonce PR	00733-51
Participant's Email Address: Miguela morals Muniz 644	hoo. Com
Name of Counsel: 17 BK 32 B3-L-TS	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK - 3283-CTS	
Nature of Claim: from & SA Title 111	1
By: Hemisito Corles Cominica	
Signature HERMINIO COVES DOMINICI	U.S.
Print Name	SANSEE T
Police	8 500
Title (if Participant is not an individual)	365
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 21 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of i	its counsel,
Participant's Name: MARIA del CARMEN SANCE	hEL DEAZ
Participant's Address: STERRA BAYAMON BLO 8/	#24
Participant's Email Address: nuni @ Cogulinet /	B Ayuno 9
Name of Counsel:	
Address of Counsel:	-
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim: By: Man lel Commu Social Signature	
Maria Il Canara Sarchez Dia 2 Print Name	N.S. U.S.
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Title (if Participant is not an individual)	2 321
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MARIA DEL CARMEN SANCHEZ DIAZ URB SIERRA BAYAMON 81 24 CALLE 68 BAYAMON PR 00961

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150 AVE CARLOS CHARDON STE 150

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DISCOVERY NOTICE TO THE COURT'S CLERK OFFICE AT UNITED STATES DISTRICT COURT CLERK OFFICE



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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 23 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Doloves Echevarya Filouroa
Participant's Address: Hc-orBox 3843 Maximbo PR.voli
Participant's Email Address: doloves che varria 80@ gmill-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: 12573 /
By: Oalor Signature
Digitality of the state of the
Print Name

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P. R. 0918-1765

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 25 of 135

Participant must provide all of the information below in English:

1.

1.	Participant's contact information, including email address, and that of its counsel, if any:
Participant's	Name: Julio Up donsdo Romos
Participant's	The state of the s
Participant's	Email Address: Who wholesound 1961@ hotwoil. con
Name of Cou	nsel:
Address of Co	punsel:
Email Addres	s of Counsel:
2.	Participant's Claim number and the nature of Participant's Claim:
Claim Numbe	17-BK 3283
Nature of Clai	m: On Course wasth of forthe Rias
By: Juli	offelhr 1
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 26 of 135 Desc:

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 27 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any:
Participant's Name: John Cefsldows do Caros
Participant's Address: 55 Valle Gocordo Contro, 8510-88
Participant's Email Address: 10/10 and down do 1961@ hotasil con Cupado, P.a. 0391/
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17-BK-032-83 Nature of Claim: Print Name Print Name Participant is not an individual) 09/10/202/ Date
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 29 of 135

SRF 55923

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any: Miguel A. Nieves Hernandez Pedro Hernandez Street #95 Quebracillas P.Roabi8 Participant's Name: Participant's Address: Participant's Email Address: mignieves 59 @ 9 mail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee claim Nature of Claim: Office Typewriter II Title (if Participant is not an individual)

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Miguel A. Nieves Hernández Urbanización Kennedy Calle Pedro Hernández #95 Quebradillas, Puerto Rico 00678

United State District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, Puerto Rico 00918-1767

02021-01200

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name: Anthony Quinones		
Participant's Address: 329 PLACID LK DRSANFORD	FL32	773
0.005110011000110		
+		
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's Claim number and the nature of Participant's Claim:		
Claim Number: 17 BR 3283 - LTS		
Nature of Claim: 1 1 PROMESA TITLE III		- 3
By: Mult	SE	SOF
Signature	28	
Anthony Quinones Print Name	3	-C-91
N S/A	33	STE
Title (if Participant is not an individual)	Oi	
9/6/202/		
Date		

U.S. DISTRICT OF USY SAN JUJA 17



CLERK'S OFFICE.

UNITED STATES DISTRIC COURT

CLERKS OFFICE, 150 AVE. CARLOS

CHARDON STE. 150, SAN JUAN, PR. 0098-1767 to: United States Distric court



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 33 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

ANA DELIA FIGUEROA TORRES Participant's Name: Urb Alturas de Peñuelas II, Calle 16 Q 24, Peñuelas, PR 00624 Participant's Address: keqean50@hotmail.com Participant's Email Address: SERAFIN ROSADO SANTIAGO LCDO Name of Counsel: CALLE SANTA ANA #7, ADJUNTAS, PR 00601 Address of Counsel: lcdoserafinrosado@yahob.com Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 138095 Claim Number: RECLAMOS DE EMPLEADOS PUBLICOS Nature of Claim: By: Signature Sworn and secribed before me, by ANA DELIA FIGUEROA TORRES Ana Delia Facueroa Torres, of legal age, married retired, and resident in Adjuntas, Plerto Rico, to whom I Print Name known personally, in Adjuntas, PP, today september 9th, 2021

Title (if Participant is not an individual)

September 9, 2021

Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

16 Q24, Permelas, P.A. 46900

tiquerda

hardon Ste. 150, San Juan P.A. Office, 150 Ave. Carlos

United States District

00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 35 of 135 hibit A- Elaims to [LIAM# 173757 creditor# Participant must provide all of the information below in English: Participant's contact information, including email address, and that of its counsel, IAM * mother, Last NAMRS Father JACK Participant's Name: E-6 Monte Sol, Ton Alta, PRO0953 Participant's Address: Participant's Email Address: jackmerca do 25@ OUTLOOK · COW disagree Name of Counsel: Address of Counsel: to be Disallowed Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 17-BK3283-LTS Claim Number: payment of \$1,081.00 From the Government of the Commonwealth Nature of Claim: # 2009-000 677. DeJesur IAM 64 years old, retired from the Commonwealth USA CON I of PR. I made a Loan recieve d Zegal Advice:
Title (if Participant is not an individual) of\$800.00 at 700 interest Sept. 17, 2021 to buy this saving Note I roted IN favor the adjustment PLAN, Exen despite the fact Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline./If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

ELAIM# 173757 Please read the document # previous 19

Proof was timely filed the Amount due is \$1,081.00 time 51. I believe all the lies the common wealth Elaim IN Press & TV commercials. 210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE VERSION JULY 20, 2021 of sonds of commonwealth of PR. I tyree All paid. Why should they who know the PROMESA LAW. THEN how CAN I LEGAL Advi



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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 38 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any.	
Participant's Name:	Neville Santiago Morgado
Participant's Address:	Neville Santiago Morgado Urb. Montecasino 174 calle Caoba Toa Alta, P.R. 00953
Participant's Email Address:	neville-santiagoe hotmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	175532
Nature of Claim:	Commonwealth of Puedo Rico / case#: 17BK 03283-LTS
By: Neulla Cartier	Moreado
Neville Santia	
Print Name	ngo Morgado
Title (if Participant is	not an individual)
September 11, 5	2021
Date	



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: Greeman Gromez Ortiz
Participant's Address: HC 02 Box 1168 Humacao, Ph 00791
Participant's Email Address: jql. 4683 @ qmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Prelimary Confirmation Submission and Discovery
By: Many Orb Signature
Cheman Gromez Offiz
Print Name
Title (if Participant is not an individual)
16/sept/2021
Date
Instructions for Filing Notice of Participation: If you are represented by counsel this Notice





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San Juan PR 00918-1706

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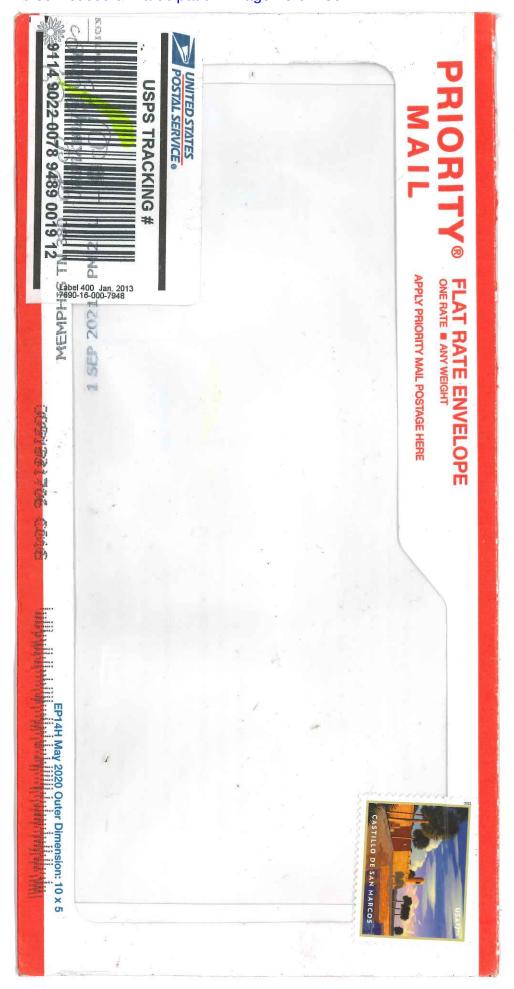
Discovery notice to the courts & Cler's office at united States District Courts office 150 Ave Carlos Ste 150

Sanjunph 00916-1767

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 42 of 135

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any: Participant's Name:	Francisca Maldonado Harrinda
Participant's Address:	381 Que. 7 elisa Risendell-Passemoste
Participant's Email Address:	TI 800 San fection in the
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	No. 17BK 3283-LTS
Nature of Claim:	NO. 17BK 3283 - LTS
By: Francisca Marsager Signature	aldonode (kernondez)
Francisca Print Name	Maldonado Hernández
Title (if Participant is	not an individual)
30 agosts Date	de 2021



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc SRF 55923 Pro se Notices of Participation Page 45 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:
Participant's Name: Santos V. Roque Rivera
Participant's Address: Street # 2 D-8 UVB-Vista Monte, (i
Participant's Email Address: Luisramos 499 @g mail. com
Name of Counsel:
Address of Counsel: Do
Email Address of Counsel: No
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 179101 179102 179103 179104
Nature of Claim: - See back-
By: Santos U-Roque Pireca
Signature 1/. P 22 P 1/2/2
Santos V. Roque Rivera Print Name
AND TO SELECT THE SECOND SECOND SELECTION OF SECOND
Title (if Participant is not an individual)
September 10, 2021 Date

Nature of claim:

179101 - Claim for increase of salary for the former governor, Sila M. Calderón.
This increase salary that was never paid to me, and it also affected my pension.

179107 - Claim for increase of salary by salary scale;
This increase of salary;
Thave never been paid;
and my pension is being affected.

179103 - Claim for increase to my pension from 3%, every three years, not payed since my retirement in 2007; and my pension was affected.

179104 - Claim for increase of salary by the former governor Carlos Romero Barcelo, that was never paid to me. And also, my pension is affected.





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Action of the control of the control

San. Juan, RR. 00918-1767

Carlos Chardon Ste. 150

Participant must provide all of the information below in English:

1. I attempt a contact information, including email address, and that of its counsel,
if any:
Participant's Name: Madeine Morales Valentin
Participant's Address: Bo, Bura Vista 1/2 Calle Capisfally, Mayague
Participant's Email Address: mamarak 1400 gmai (com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 130077 y 179141
Nature of Claim:
By: Madeline Morales Valentin
Signature Mandalalata
Print Name
The fall will have a dyraphic size of the part is a second as a fall of the second and the second as a
Title (if Participant is not an individual)
8 de septienbre de 2021
Date

2021 SEP 20 - PA 4-47 00010-170025 11 SEP 2021 PM 3 The second secon MEMPHIS TN 380 Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 50 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Madeline Movales Valentin
Participant's Address: Bo, Buena Vista, 112 Calle Capitally Mayague
Participant's Email Address: ma movale 140 a quail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 130077 y 179141
Nature of Claim: Salario Minimo
By: Madeline Movales Valentin Signature
Madebie Molales Velestia
Print Name
Title (if Participant is not an individual)
1 de septiendre de 2021
Date

2021 SEP 20 PR 4-47 COMIN-170025 11 SEP 2021 PM 3 Services of the control of the contr MEMPHIS TN 380

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 52 of 135

Participant must provide all of the information below in English:

1.

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Aurea Quinones Bloise
Participant's Address: Mendez Vigo # 324 Dorado P.R. Ode
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283-LTS Nature of Claim: By: Signature Awaa Quinals Bbise Print Name
Title (if Participant is not an individual) 11 agosto & 2021 Date

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 53 of 135

CLERK'S OFFICE U.S. DISTRICT COURT SAN JUAN, PR radopie ope 4 3

Court's Clerk's Office United States Distric Court,

Clerk's Office 150 Ave. Carlos Chardon Ste.150

San Juan, 00918-1767

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Participant must provide all of the information below in English:

	0.1,
1. Participant's contact information, including email address, and the	nat of its counsei,
1. Participant's Contact mormalism, if any: Participant's Name: Participant's Name: Participant's Address: Carmen L. Martinez M Hc 04 Box 17969 Camu	laka los
Participant's Name: Larmen L. Martinez 19	01 and 27
Hc 04 Box 17969 Came	ry 1.17. 00000
	,
Participant's Email Address:	- 1 × - 1 ×
Name of Counsel:	7-10 day
and the Partition of the Control of	
Address of Counsel:	ounest, this Moine:
Email Address of Counsel:	m:
2. Participant's Claim number and the nature of Participant's Clai	III.
Claim Number: 13 29 16	
	t a a
Nature of Claim:	
By: Corner S. Martinez Morales	
Signature Carmen L. Martine 2 Morales	Charge Comments of the Comment
Carmen L. Marvine 2 1101 cres	8 8 8
Print Name	7 2 2 2 2
t the D	0 552
Title (if Participant is not an individual)	
13-09-21	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Case:17-03283-LTS - Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 56 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its coun	501,
1. Participant's contact information, increased if any: Participant's Name: Participant's Name: He of Box 17969 Camuy, P.R.	<u>les</u>
Participant's Address:	
Participant's Email Address:	# N
Name of Counsel:	
Address of Counsel:	. 2
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim:	
Nature of Claim: By: Cornen Mortinez Moroles Signature Carmen Martinez Morales Print Name	U.S. DISTESS SAN JEST 2011 SEP 20
Title (if Participant is not an individual) 13-09-21 Date	

Participant must provide all of the information below in English:

1	
1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Carmen L. Martinez Morales Participant's Address: Hc-04 Box 17969 Camuy, P.R. 00	62
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	301 10 340
Claim Number: 148 727	
Nature of Claim:	
Nature of Claim: By: Cornen Mortinez Morales Signature	75 12 Art 1
Signature	epell servi
Signature Carmen L. Martinez Morales	,
Print Name	
Title (if Participant is not an individual)	
13-09-21	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	MARIA A. C.	ewente Kosa	7
Participant's Address:	Cond . Astralia	3 2 1	az Way Apt
Participant's Email Address:	clero 620	y who com	-1 NA F.K. 00
Name of Counsel:		Maria Cara Landidi	
Address of Counsel:			10 16
Email Address of Counsel:	(
2. Participant's (Claim number and the nati	ure of Participant's Clai	i <mark>m:</mark>
Claim Number:	92159		
Nature of Claim:	17 BK-	3283	
By: De Marie Co Signature	Cfeed	tic R-160	95
Maria A. C Print Name	Jewente Rosa		T-3
			8
Title (if Participant is	not an individual)		20
			70

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: se Notices of Participation Page 61 of 135 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. C. Date of Delivery 1. Article Addressed to: Unite States D. Is delivery address different from item 1? District Court. Clerks ☐ Yes If YES, enter delivery address below: Office, 150 Ave. Carlos Chardón Ste. 150, S.J. P.R. 00918-1767 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc:

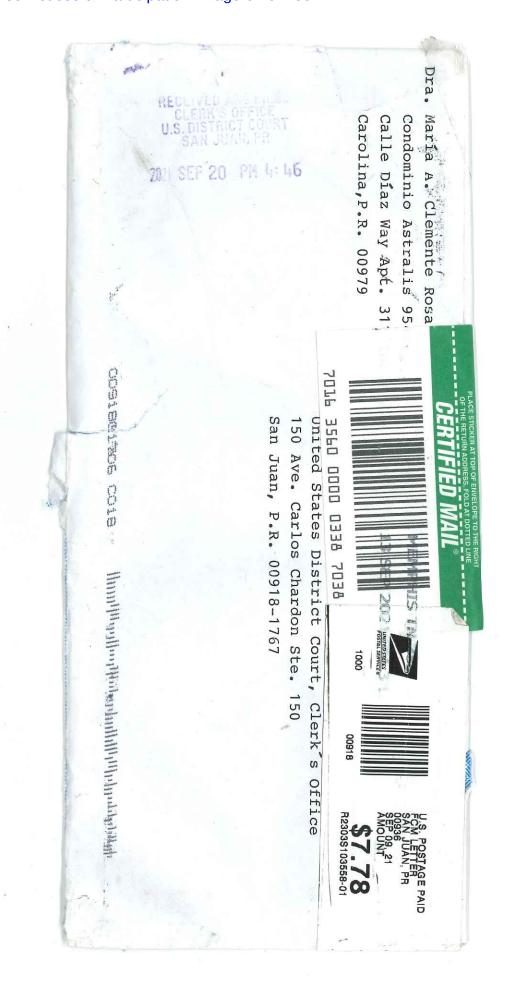
Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	María A. Clemente Rosa	
Participant's Address:	Cond. Astralis 9546 C/A Díaz Way Apt 311	<u>Caro</u> lina
Participant's Email Address:	gloro P	.R. 00979
Name of Counsel:		
Address of Counsel:		- A C
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283 - LTS /33 537	
Nature of Claim:	17 BK 3283-Lta	5
By: Signature	feell 2 40. R-16045	190
María A. Clem	mente Rosa	5 5
Print Name		A SECTION
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Title (if Participant is	not an individual)	
4 de septiembr	e 2021	t = 555

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 65 of 135

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Maria A. Clemente Rosa
Participant's Address: Cond. Astralis 9546 C/A Diaz Way Apt. 311 torre #6 CAROLLUM, P.R. DOGT
Participant's Email Address: Clero 62 @ yphoo-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 92/59/133537 / 92 /59
Nature of Claim: 17 BK - 3283
By: Wave a effector Signature Lie R 5 16045
MATIN A' Clemente Rosa Print Name
Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 67 of 135

Participant must provide all of the information below in English:

if any:
Participant's Name: María A-Clemente Rosa
Participant's Address: Cord. Astralia 9546 ClA Diaz Way Apt 310
Participant's Email Address: Cleve 62 Cynhoo com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 92/59/133537 / 92/59 Nature of Claim: 17 BK 3283 By: Mave a Claim Lic A - 16045 Signature
MHY For A-Clevente Rosa Print Name
Title (if Participant is not an individual)
<u>49472021</u> Date

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 69 of 135

Participant must provide all of the information below in English:

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1/sept 2021

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 71 of 135

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: MARIA A- Clemente Losa
Participant's Address: Cond. Astrolis 9546 C/A BIAZ Way AVT 311
Participant's Name: MARIA A- Clemente Rosa Participant's Address: Carlo 1: Na., P. Roosty Participant's Email Address: Clero 62 Eyahoo: Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 92159/17 BK 3283-1+5-/133537
Nature of Claim:
By: La Way G- Plelle
Marin A. Clewente Rosa Print Name Lic. R-16045
Title (if Participant is not an individual)
Junes 4 /sept 2021
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may

instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 73 of 135

Participant must provide all of the information below in English:

1.	Participant's con if any:	ntact information, including email address, and that of its	counsel,
Participant's	Name:	Maria A. Clemente Kosa	
Participant's	Address: \angle	Cond. Astralis 9546 C/A Diaz Wa torre 46, CAROI	y Apt.311
Participant's	Email Address:	clero 62 @ yighoo. com	, M. J. M. DO
Name of Cou	ınsel: _		<u>x</u>
Address of C	Counsel: _		
Email Addre	ess of Counsel: _		
2. Claim Numb Nature of Cl By: Signa Print	oer: 92/59 / aim:	aim number and the nature of Participant's Claim: 133537 92159 17 BK 3283 Plenell leweinte Rosa R - 16 045	U.S. DISTRI
Title	(if Participant is no	not an individual)	
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 75 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: MATIN A. Clemente Rosa	
Participant's Address: Cord Astralis 9546 C/A Diaz D torre #6, CAROL	Duy Apt 31
Participant's Email Address: clero 62 @ yahoo com	INK P.R 0097
Name of Counsel:	
Address of Counsel:	- 4-1
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 92/59 133537 92 59	
Nature of Claim: 17 BK 3283	
By: Maure Ce-Effeuell	
Maria A. Clewente Rosa Print Name Lic. B-16045	73
x1c. K-16045	U.S. D
Title (if Participant is not an individual)	P N N N N N N N N N N N N N N N N N N N
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc SRF 55923 Pro se Notices of Participation Page 77 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: $Q_{\bullet} \cap \mathcal{D} = \{ (1) \mid 1 \mid 1 \}$
Participant's Name: Karael Hcgs (a Villa lobos
Participant's Address: Bo, Buena Vista, 112 Calle Capitaly Mayories
Participant's Email Address: Mamorale 140 a gmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 104127, 104175, 58221, 30851
Nature of Claim: Salavio Minimo
By: Rufae) Acosta Villalobos Signature of the state of th
Print Name
Title (if Participant is not an individual)
2 de septiembre de 2021
Date

COULT-170020 00918-1767 Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc SRF 55335 Pro se Notices of Participation Page 79 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: The Cecova Asset
Participant's Name: he ce (ova Asset) management Tuust 99 old cart Lane
Participant's Email Address: Mrg O Cecova of Mail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: NO, 17 B + 3283 - L15
Nature of Claim: Owned 10 m of Puer to By: Marquerite an Come Rico Public
Signature was your 1505 of a stand a south a south a south Building
Marguerite Anu Cecora Authorty Print Name
Title (if Participant is not an individual)
Date Page 1
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
of Intent to Participate in Discovery for Commonwealth Plan Co. S.
The state of the s
ystem on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150 San Juan B.B. 20018, 1767

1771 SEP 20 In

Anna M. Cecora
99 Old Oak Ln.
Levittown, NY 11756-4616

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150 Duan P.R. 00918-1767

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 81 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	201
Participant's Name: Songe L. Mentes	
Participant's Address:	Polowyn
Participant's Email Address: Lentes 1 We Yahoo Com	36
Name of Counsel:	7/61
Address of Counsel:	A
Email Address of Counsel:	Dag 1
2. Participant's Claim number and the nature of Participant's Claim:	Mell
Claim Number:	Last
Nature of Claim:	وحرايه
By: Day 1.	U.S. D
Signature	100年
Print Name	- E
to bo to Por	= = ===
Title (if Participant is not an individual)	60
- I Vise Person	
Date	
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, the must be filed electronically with the Court on the docket using the CM/ECF docket every	is Notice ent Notice
THE CONTRACTOR OF THE CONTRACT	A DESCRIPTION OF THE PROPERTY

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 82 of 135 trealment m 03 Judges Taylor 10: Javes Lo: end ratis what we have I Grecialsp Commonwealth of Puerro Reco. Case No.



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

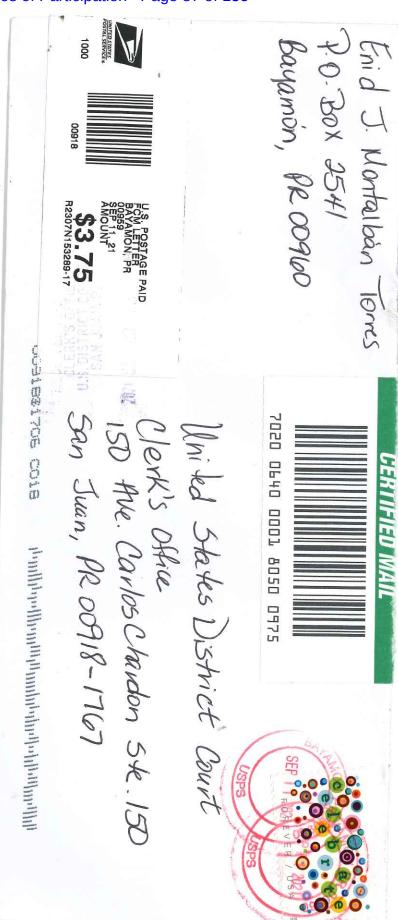
if any:			
Participant's Name:	Miriam Irizarry Valentin		
Participant's Address:	7777 Wendell Road Orlando Floria	a 32	2807
Participant's Email Address:	Lope 7091 @gmail·com		
Name of Counsel:		·	
Address of Counsel:			
Email Address of Counsel:			
2. Participant's C	Claim number and the nature of Participant's Claim:		
Claim Number:	17 BK 3283-LTS) ————————————————————————————————————	
Nature of Claim: By: Miniam Juzarry Signature	Jointy Administered	DEN SALV	TELL
Miriam Inzo	arry Vakntin	MI SEP 20	U.S. DISTR
Title (if Participant is	not an individual)	7	
September 1 Date	1", 2021.		



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 86 of 135 SRF 55923

Participant must provide all of the information below in English:

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283-LTS	1. Participant's if any:	contact information, including email address, and that of its counsel,
Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Pronusa Title III By: Lud Harberbander By: Signature Title (if Participant is not an individual) November 11, 2001	Participant's Name:	Enid J. Montalban Torres
Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Pronusa Title III By: Lud Harberbander By: Signature Title (if Participant is not an individual) November 11, 2001	Participant's Address:	P.O. Box 2541 Bayaman, PR 00960
Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Pronura Title III By: Lid Hubblander Signature Fint Summe Title (if Participant is not an individual) November 11, 2001	Participant's Email Address	•
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Promera Title III By: Lud Mutalban Torres Signature Enid J. Montalban Torres Print Name Title (if Participant is not an individual) November 11, 2021	Name of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 Bk 3283-LT6 Nature of Claim: Promusa Title III By: Signature End J- Montalban Torres Print Name Title (if Participant is not an individual) November 11, 2021	Address of Counsel:	
Claim Number: 17 Bk 3283-LTS Nature of Claim: Promera Title III By: Lud Mutabban Torres Signature End J. Wontalban Torres Print Name Title (if Participant is not an individual) November 11, 2021	Email Address of Counsel:	The second secon
Nature of Claim: Promesa Title III By: Lud Muchalban Torres Signature Buid J. Montalban Torres Print Name Title (if Participant is not an individual) November 11, 2021	2. Participant's	Claim number and the nature of Participant's Claim:
By: Lid CMN-bellow fer Signature Brid J- Montalban Torres Print Name Title (if Participant is not an individual) November 11, 2021	Claim Number:	17 BK 3283-LTS
Print Name Title (if Participant is not an individual) November 11, 2021	Nature of Claim:	Fromera Title II
Title (if Participant is not an individual) November 11, 2021	By: Signature	tellowter
November 11, 2021	Enid J. Me Print Name	ontalban Torres
November 11, 2021		8 200
	Title (if Participant is	not an individual)
		11, 2021



Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

II ally.	* 5 = =	
Participant's Name:	José M. Anadón Ramirez	8 1 1 1 5 20
Participant's Address:	HC 03 Box 11731 Juana Draz	PR 00795
Participant's Email Addres	s: anadonjossiannem 2 gmail. a	om
Name of Counsel:	17 BK 3283- LTS	i a dia ap
Address of Counsel:		- 15
Email Address of Counsel:	1775 m	
Claim Number:	S Claim number and the nature of Participant's 152634 113976	***
Nature of Claim: By: Signature	ala Roming.	3
Jose' H And Print Name	rdin Ramirez	20
Ranger Title (if Participant	is not an individual)	5
08-26-		



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 90 of 135

Participant must provide all of the information below in English:

1. Participant's	contact information, including email address, and that of	of its counsel,
if any:	1.1 TD1 +.11	11
Participant's Name:	Gustavo J. Ruberte Ma.	Idonado,
Participant's Address:	423 calle Zafiro Ext. Alturas	2 Penvelas
Participant's Email Address:	423 calle Zafiro Ext. Alturas gjruberte@gmail.com	
Name of Counsel:		
Address of Counsel:	3	
Email Address of Counsel:		<u> </u>
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	17 BK 3283-LTS	<u> </u>
Nature of Claim:	Unpaid Wages and Steps	"Carrera Magist
By: Allen	berta	<i>y</i>
Signature		
Gustave	Ruberte Mallonado	S. I.R.
Print Name		
		8 4
Title (if Participant i		
9-sept-	2021	
Date		O'V

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 92 of 135

Participant must provide all of the information below in English:

1. Particip if any:	pant's contact information, including email address, an	nd that of its counsel,
Participant's Name:	Frances M. Morales	Cruz
Participant's Address:	423 Calle Zafiro Ext. A	Huras 2 Penvel
Participant's Email Add	/)	pagmail wou
Name of Counsel:		
Address of Counsel:		
Email Address of Coun	asel:	
2. Participa	ant's Claim number and the nature of Participant's Cla	aim:
Claim Number:	17 BK 3283-LTS	
Claim Number: Nature of Claim:	11 . 11 . 1 . 1 . 1	"Quing venio and
Nature of Claim: By: (11 . 11 . 1 . 1 . 1	"Quinquenio and Trigenio"
Nature of Claim: By: Signature	11 . 11 . 1 . 1 . 1	"Quinquento and Trigenio"
Nature of Claign: By: Signature Frances	Unpail Wague & Steps	"Quinquenio and Trigenio"
Nature of Claim: By: Signature Frances Print Name	Unpail Wague & Steps	"Quinquento and Trigenio"
Nature of Claim: By: Signature Frances Print Name	Unpail Wager & Steps M. Morales Cour M. Morales Cour ant is not an individual)	"Ovingvenio and Trigenio"

Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 93 of 135

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 94 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Maria N. Gonzalez Cruz
Participant's Address: Po Box 8972, Ponce, PR 00132-8972
Participant's Email Address: m. noelia gonzalez Ogmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 - LTS
Nature of Claim: Accumulated retirement contributions
By: Maria M. Houseles Crus for being a government employee since 1992 to the present. The evidence of the certifications was submitted along with the filing of the claim on Sune 28, 2018.
Date Certifications are included as evidence.
<u>Instructions for Filing Notice of Participation</u> : If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re Commonwealth of Puerto Rico</i> , Case No. 17 BK 3283-LTS, through the Court's case filing

system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

CERTIFICACIÓN DE BALANCES DE APORTACIONES ESTIMADAS

RE: MARIA GONZALEZ CRUZ

Seguro Social: XXX-XX-9730

P.O. BOX 8972 PONCE, PR 00732

La información que se presenta a continuación está basada en los datos obtenidos de nuestros sistemas computarizados a la fecha de ésta certificación.

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a ASR a la fecha de la última nómina procesada en el Sistema. Por tanto, los mismos están sujetos a revisión. En caso de que la información no coincida con los registros del cliente, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia, Corporación o Municipio.

Corporación:

ADMINISTRACION DE TRIBUNALES

Años de Servicio:

25

Balance de Aportaciones:

\$66,812.90

Esta certificación fue emitida el 9 de septiembre de 2021.

La Administración de los Sistemas de Retiro de los Empleados del Gobierno y la Judicatura no se hará responsable de información faltante o suministrada por el Patrono.

Número de Certificación: ASR2021090955896285

Para verificar la validez de esta certificación, debe hacerlo a través del portal del Gobierno de Puerto Rico http://www.pr.gov/validacionelectronica/ o en nuestro portal http://www.retiro.pr.gov



ESTADO DE CUENTA ESTIMADO

09 de septiembre de 2021

Agencia: 122 - ADMINISTRACION DE TRIBUNALES

MARIA GONZALEZ CRUZ P.O. BOX 8972 PONCE, PR 00732 8972

A base de la información en nuestros registros, al 09 de septiembre de 2021 usted posee:

Fecha de Nacimiento: 01 de febrero de 1969 Género: Femenino

Fecha de Ingreso al Servicio Público: 31 de octubre de 1992 Fecha de Comienzo de Cotización: 31 de octubre de 1992

Ley Anterior al 30 de ju	inio de 2013
Años Acreditados:	21.00
Aportaciones:	\$40,256.74
Intereses:	\$10,158.24
Gastos Teneduría:	\$0.00
Total Aportaciones:	\$50,414.98
SNC Pagado:	\$0.00
SNC Tiempo:	0.00
Beneficio:	\$0.00

1 2 1 20 1 2 1 2 1 20 2	
Ley 3 al 30 de junio de 2017	
Tiempo Trabajado: 4	
Aportaciones:	\$15,174.90
Intereses:	\$1,223.02
Gastos Teneduría:	\$0.00
Total Aportaciones:	\$16,397.92
Beneficio:	\$0.00
	

Seguro Social: XXX-XX-9730

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a Retiro a la fecha de la última nómina procesada en el Sistema. Los balances aquí reflejados por concepto de Aportación Individual y Años de Servicio están sujetos a revisión.

En caso de que la información no coincida con sus registros, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia o Municipio. Además, puedes acceder esta información a través de la sección Servicios en Línea del Portal de Internet de Retiro: http://www.retiro.pr.gov.

Le recordamos que previo a radicar una solicitud de pensión, deberá solicitar un Estado de Cuenta oficial a través de su Coordinador.

Coordialmente,

Unidad de Estado de Cuenta Área de Participantes

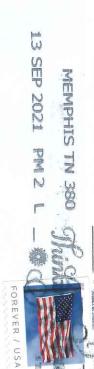


CLERK'S DIFFICE U.S. DISTRICT COURT SAN JUAN, PR

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Maria N. Genzialez Cruz Po Box 8972 Brace PR 00732-8972

Anited States District Court
Clerk's Office
So Carlos Chardón Ave Suite 150
From PR 05918-1767



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 98 of 135

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
	Losé A. CAbrera Sotonayor
Participant's Address:	P.J. Box 2161 - Coano, P.A. 00769
Participant's Email Address:	None
Name of Counsel:	None
Address of Counsel:	NONE
Email Address of Counsel:	None
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK -3283 LTS
Nature of Claim:	I Am perjudicate by the government A in these case.
By: José A. Sa	- Ity reducted a man and 15115 of thought a celle
Signature	
	breva satonayor
Print Name	20 200
The person	that clain fill this form not an individual)
Title (if Participant is	not an individual)
<u>Sept' 14</u> Date	12021

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: SRF 55923 Pro se Notices of Participation Page 100 of 135

Participant must provide all of the information below in English:

1. Participant's co if any:	entact information, including email address, and that of its counsel,
Participant's Name:	Ana R. Espinet Pagan
Participant's Address:	339 Calle Browante
Participant's Email Address:	aespineto @ gmail-con
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl	aim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	
By: Grafor of	pinet for
Signature /	
Ana Rosa	Expinet Poron
Print Name	
Title (if Participant is n	ot an individual)
CA	그 그 그는 그 이번 시간 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
Date 13	2021

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United States District Court
Clerk's Office
150 fre Carlos Chordon Ste 150
Son Juan PR 00918-1767



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 102 of 135

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Luz D. Martivez ROMAN
Participant's Address: StA. ANA BLQ. 4#5 Atturas de Torrigar Guaynaba Participant's Email Address: LUZMARTINEZ ROMAN 19350 PR 00969
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK 3283-LTS
Nature of Claim: Discovery for Commonwealth Plan Confirmation
By: Sun Wallies Januar
Luz D. Martinez Román
Print Name Suy D Macterist Joman Title (if Participant is not an individual)
Sept 4 - 2021 Date

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95ta. ANA B-4#5 Alt. de TOCCINAZ Gorbo, PR 00969

Jerkis Office Jerkis Office So Ave. Carlos Chardon Ste.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its contact	-9
if any:	
Participant's Name: ALICIA G. ROMAN - HERNAND	t C
Participant's Address: URB. VILLA CAPRI 1188 CALLETRIE	ST
Participant's Email Address: 3rdalicia georgina @ 9 mail · Com	
Name of Counsel: I do not have a Counsel.	<u></u>
Address of Counsel:	-
Email Address of Counsel: DIA	-
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17-BK-3>83-LTS	
Nature of Claim: My retirement flowery.	Victoria Vice Trans
By: Alicia G. Amon Geraander	OF.
Signature 0	
Alicia G. Roman-Hernandez Print Name	195
Title (if Participant is not an individual)	
September 6, 2021	
Date	



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 106 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Sol II, 80 Aveluna, Mana Participant's Address: Participant's Email Address: \[\u25206@amail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 108 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Noel Ocasio Hernández Participant's Name: P.O. Box 1256 Quebra J. 1/03 PR. 00678 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee and Pension / Retires Claims Nature of Claim: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 110 of 135

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any: 	
Participant's Name: William Warts IF Rusgrib	
Participant's Address: Calle-2 #99 Jardines de Toa Alta, Toa Alta P. R. 0095	3
Participant's Email Address: Martis-Willie Gamail Com	
Name of Counsel:	
Address of Counsel:	ž,
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 114334	
Nature of Claim: By:	
Signature and the control of the Con	
William Wartis It Rosario	1
Print Name	4
- 18 23 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Title (if Participant is not an individual)	
Septiembre w 2021	

P.R. 00953

Ste. 150, San Juan P. R. 00918-1767 Office, 150 Ave. Carlos Chardon United State District, Clerks

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 112 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Eduando Gennen VELAZ	9422
Participant's Name: Eduar do Fernen VELAZ Participant's Address: Cond. Ghintana Tonne B Apt. 206,	Son Juan, 1
Participant's Email Address: Edwards Fernen @ yahro. com	
Name of Counsel:	The second secon
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 - LTS	
Nature of Claim: Communated Refirement Cont	ributions
By:	e e e e e e e e e e e e e e e e e e e
Signature	
Edwards Fermen Velriques	
Print Name	8 334
Title (if Participant is not an individual)	ch PEE
Cycqust 31, 2021.	<u> </u>
Date	14

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Pro se Notices of Participation Page 114 of 135

Participant must provide all of the information below in English:

1.	Participant's contact information, including email address, and that if any:	
Participant's	s Name: Ednardo Fennen VE	Azguez
Participant's	S Name: Ednardo Fennen VE S Address: Cond. Guintana, Tonne B Apt. S Email Address: edwards fennen @ yahro.	206, San Juan t
Participant's	s Email Address: edwards tennen @ yahro.	com
Name of Cou		2
Address of C	Counsel:	
Email Addres	ess of Counsel:	
2. Claim Number Nature of Cla By: Signal	aim: accumulated retirement	Contributions
Ed Print 1	Name	SEP 20
Title ((if Participant is not an individual)	

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 116 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: men Rivera Rivera Participant's Name: Participant's Address: Kamen Huera 50 Pamail- Com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 170813 Claim Number: Nature of Claim: By: Rivera Print Name Title (if Participant is not an individual)

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United States Districts Court, Clerks Office
150 Ave. Carlos Charlowste.
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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 118 of 135

Participant must provide all of the information below in English:

1.		ontact information, including email addre	ss, and that of	its counsel,
Participan	if any: t's Name:	Roberto Luis Sanjuri	o Pener	:
_	t's Address:	Sector Los Millonanio, P.D.	Box 401,	Med Baja
Participar	t's Email Address:	eg. *	<u></u>	
Name of	Counsel:			
Address	of Counsel:			
Email Ad	dress of Counsel:			
2.	Participant's	Claim number and the nature of Participan	t's Claim:	
Claim Nu	mber:	34156	2.	
Nature of	Claim:	NO. 17 BK 32.83 LT	S	
	gnature Lis Say	yo Pag		U.S. DI
	oberto 1. So	injurio Penez		STROTTO STROTT
T	itle (if Participant is	not an individual)		-
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Roberto L. Sanjurjo Ferer P.O Bex 40 Williamario Sector Los Hoiza Pin Med Baja 20772

Office San Juan PR 00918, 1767. States District Court, clerk's 150 Ave. Carlos Chardon ste 150.

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 120 of 135

Participant must provide all of the information below in English:

	contact information, including email address, and that of its counsel,	
if any:	211	
Participant's Name:	Roberto Luis Sanjurio Perez Sector Los Millonario, P. D Box 401, Med.	1
Participant's Address:	Sector Los Millonario, P. D Box 401, Med.	1
1 artisipuni 2	Loiza P.	
Participant's Email Address		ě
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	34156	_
Nature of Claim:	No. 17 BK 3283 LTS	
By: Roberts In	Saring led	
Signature	0 0	
Roberto L.	Sanjurjo Peréz	
Print Name	BIOLOGICA CONTRACTOR OF THE STATE OF THE STA	
Title (if Participant	s not an individual)	
10/sept.	2021	
Date		

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San Juan PR 00918, 1767. 150 Ave. Carlos Chardon ste 150.

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc Pro se Notices of Participation Page 122 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:		
Participant's Name:	Rosa M. Jiménez Rosado	
Participant's Address:	Box 3189 Vega Alta, Ruelto Rico-00. Timénez rosado @ yahoo. Com	692
Participant's Email Address:	MJimenez rosado @ yahoo. Com	
Name of Counsel:	none	
Address of Counsel:	none	
Email Address of Counsel:	none	
2. Participant's C	claim number and the nature of Participant's Claim:	
Claim Number:	172524	
Nature of Claim:	Public Employee and Pension/Retiree C	.bims
By: Rasa M June Signature	nes Resorb	12 67 C
Rosa M. Jime Print Name	éner Rasado	NS CL
	20	
Title (if Participant is	not an individual)	
08/29/2021		
Date		

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Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc:

Pro se Notices of Participation Page 124 of 135

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Luz H. OUASIO RAMI'EZ
Participant's Address: Boy 426 Sabana Grande PR. 0063
Participant's Email Address: \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 LTS
Nature of Claim: A suto: Retro de gobierno
By: Signature
Luz H. DOASIO RAMILEZ
Print Name
Title (if Participant is not an individual)
Date Date 10/2021

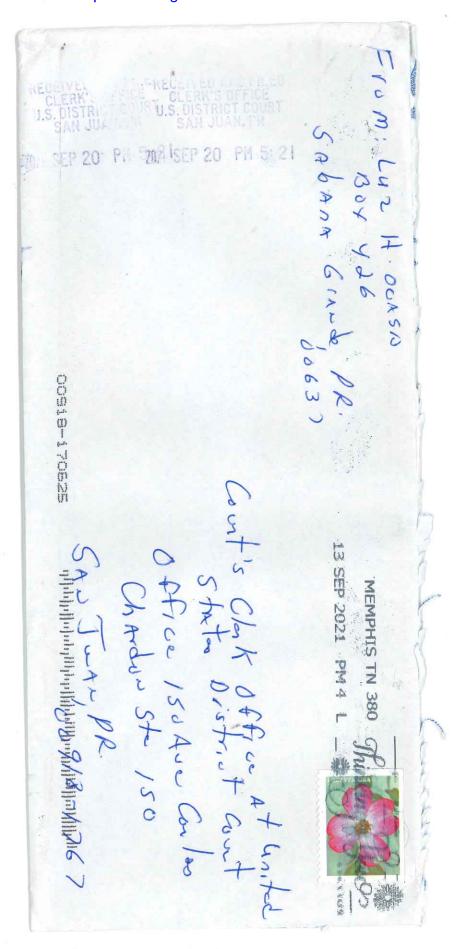
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Luz H. Ochsio Raninez
Participant's Address:	BOY 426 SABANA Grande PR. 00637
Participant's Email Address:	Luyocoon 29 D gmail-com
Name of Counsel:	
Address of Counsel:	" 12 1
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number: 1 4 7 1 4	4155267 159659 160067
Nature of Claim:	
	see
Signature	
	02510
Print Name	
Title (if Participant is a	not an individual)
Sytembra	6/2021
Date	

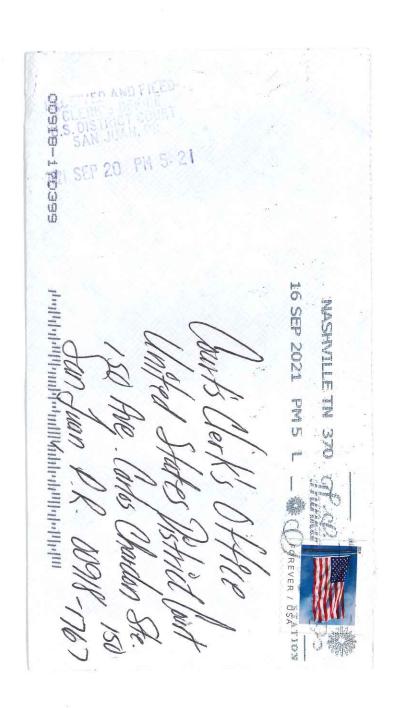


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Participant must provide all of the information below in English:

Darticipant's contact information : 1.1:

	raticipant's contact information, including email address, and that of its counsel,
	if any:
Partici	ant's Name: Jurge L. Tayon Ortaga
	C/1 11 21 T 2 2 20 000
Partici	ant's Address: 40 Abl Kpt. Teresita Buy TK 0096
Partici	ant's Email Address: [Paganov rega 52 a & mail-com
Name	f Counsel:
Addre	of Counsel:
Email	ddress of Counsel:
	2. Participant's Claim number and the nature of Participant's Claim:
Claim	umber:
Nature	of Claim:
By:	tradition to another process to the revenue and a second
7	Signature
	Print Name
AL	
	Citle (if Participant is not an individual)
	Date



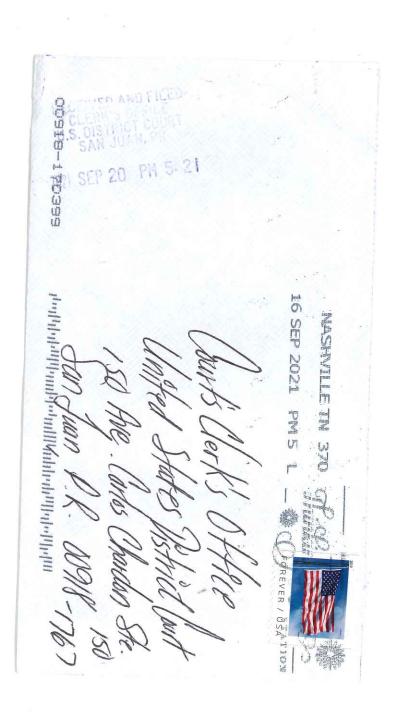
Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc SRF 55923 Pro se Notices of Participation Page 130 of 135

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: timez Participant's Name: Participant's Address: Participant's Email Address: Wandite 53 0 9 mail Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) Date



Case:17-03283-LTS Doc#:18172-1 Filed:09/21/21 Entered:09/21/21 09:52:09 Desc: Pro se Notices of Participation Page 132 of 135 SRF 55923

> A STATE HECKINELIA Participant must provide all of the information below in English:

1.	Participant's if any:		A MAIN SEP	, and that of its counsel,
Participant's	Name:	Elizadeth	Santingo 1	Corique
Participant's	Address:	3085 SW 11	3th Dr Gall	nesville FC 324
Participant's	Email Address	elisantia	go calimano	@gmail.com
Name of Cou	nsel:	NIA		
Address of C	ounsel:	NH		
Email Addres	ss of Counsel:	DIA		
2.	Participant's	Claim number and the	nature of Participant's	Claim:
Claim Numbe	er:	55790	ZOMMION OF COMMICS	CONFIRM
Nature of Cla	im:	owed re	tirement of	penefits
By: Cll Signal	yasek:	Sanklego		archept, und you wo an archept, und you wo an after Augun 15, 26, as
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and printing	draL	Indian and a second		
Title (if Participant	s not an individual)		
91	9/21	referred Charles and Alberta		
Date				

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Van suan, P.R. 00918-1767

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	His contraction of the contracti
Participant's Name:	Ramon Luis Garcia Colon Haciando Florido 104 Calle Caoba San Lovenzo, P. R. co717
Participant's Address:	Hacianda Florida 104 Calle Caoba San Lovento, P. R. 00757
Participant's Email Address	:
Name of Counsel:	PROSKAUER ROSE LLA
Address of Counsel:	Eleven Times Square New York, NY 10036
Email Address of Counsel:	Na
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283-LTS
Nature of Claim:	Demand to the Financial Oversight and management Board For Puerto Rico Vs. Commonwealth OF
By: Ramon Lais yak	ea colon Puerto Nico VI. Commonweather or
Signature Amon Luis (Print Name	Jarcia Golon
46	
Title (if Participant	is not an individual)
7 de Septia	imbrede 1011
r	

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